

For help completing Form 1, please double-click the

icon next to each line number.

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 OCT -3 PM 2:00

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐ (Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Wyden for Senate

ADDRESS (number and street)

232 NE 9th Avenue

☐ (Check if address
is changed)

Portland

OR

97232

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address
is changed)

jocelyn@wyden.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address
is changed)

www.wyden.net

2. DATE

09 / 28 / 2012

3. FEC IDENTIFICATION NUMBER

C00308676

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

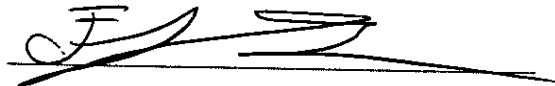
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

F. Stephen Michels

Signature of Treasurer



Date

09 / 28 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12020692722

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Ron Wyden

Candidate Party Affiliation

DEM

Office Sought:

☐

House

☒

Senate

☐

President

State

OR

District

☐

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="checkbox"/>	FEC ID number	C
2.	<input type="checkbox"/>	FEC ID number	C
3.	<input type="checkbox"/>	FEC ID number	C
4.	<input type="checkbox"/>	FEC ID number	C

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Write or Type Committee Name

Wyden for Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Wyden for Oregon

Mailing Address

PO Box 3271

Portland

CITY

OR

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Jocelyn Tyree

Mailing Address

8935 SW Bellflower Street

Tigard

CITY

OR

STATE

97224

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

503

352

5495

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

F. Stephen Michels

Mailing Address

1924 SW Palatine Street

Portland

CITY

OR

STATE

97219

ZIP CODE

Title or Position

Treasurer

Telephone number

503

889

6509

12020692724

Full Name of
Designated
Agent

Jocelyn Tyree

Mailing Address

8935 SW Bellflower Street

Tigard

CITY

OR

STATE

97224

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

503

- 352

- 5495

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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Synchronizing the world of com

12020692727
Business Envelope

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____ ☐

UPS 09-28-12 ☒

DHL _____ ☐

AIRBORNE EXPRESS _____ ☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

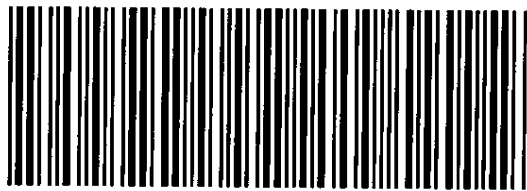
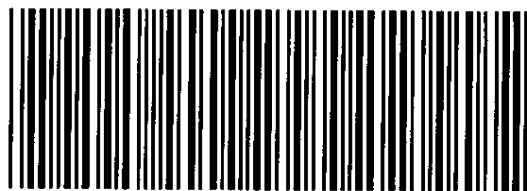
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RA DATE PREPARED 10-03-12

12020592728



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